Election Officer Application

Please print/type and complete all information clearly and send back to:

By Mail: Boston Election Department, City Hall, Room 241, Boston, MA 02201; or Fax: (617) 635-4483; or E-mail as attachment: lynne.onishuk@cityofboston.gov or martin.kain@cityofboston.gov or helen.wong@cityofboston.gov

Name:					
First		Middle		Last	
Residential Address:					
	Number	Street	City		Zip Code
Mailing Address (if different):	Number	Street	City		- Zin Codo
			City		Zip Code
Social Security Number:	-	•	Date of Birth:		
Gender - Male	Female]			
Telephone # Home – ()		(Work) – <u>(</u>		
E-Mail Address:			Cell Phone #		
Occupation:		Are	you registered to vote in	MA?	
Have you ever served as an E	lection Officer?	YesNo	If yes, for how many yea	rs?	
If yes, where have you worked	d and in what ca	pacity? Ward	Precinct		
WardenCler	k	Inspector	Interpreter		
Besides English, do you spea	k any other lang	uages?	If yes, please list ther	n	
Do you drive a car		or use publi	c transportation		
Would you be willing to travel	to another Polli	ng location to wo	rk, if needed?		
Have you ever been convicted	d of a felony? Ye	es	No		
How were you referred to the	Election Departr	ment?			
Can you work a full day (6am	– 9pm)? Yes	No If no, v	vhat hours are you availab	ole?	
I certify that the information g	iven above is tru	ue and complete.			
Signed			Date)	
For Election Use only:	1 – -				
Registered - YesNo	lf no, Regist	ration Form Sent	- YesNo Rece	ived - Yes	
Voter ID					
Home Ward Home	e Precinct				
Work Ward Work	Precinct	Position			